

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SERIAL NO.

10514662

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2								52					
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47								97					
48								98					
49								99					
50								100					
TOTAL IND.	14												
TOTAL DEP.	25												

35: AVAILABLE COPY

BEST AVAILABLE COPY